

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

Attorney's Docket N
005092.00073

My residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below at 201) or an original first and joint inventor (if plural inventors are named below at 201-202) of the subject matter which is claimed an for which a patent is sought on the invention entitled **Configurable Microfluidic Substrate Assembly** t specification of which is attached hereto.

I have reviewed and understand the contents of the above-identified specification, including the claims. I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Section 1.56(a), Title 37 of the Code of Federal Regulations; and as to application for patents or inventors certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns,

 no such applications have been filed, or
X such applications have been filed as follows:

Country	Application No.	Date of Filing (day,month,yr)	Date of Issue	Priority Claimed Under 35 USC 119		
USA	60/431,039	05 December 2002		Yes	<input checked="" type="checkbox"/>	NO
PCT	PCT/US03/038707	05 December 2003		Yes	<input checked="" type="checkbox"/>	NO
				Yes		NO
				Yes		NO
				Yes		NO

Power of Attorney

I hereby appoint, the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

All correspondence and telephone communications should be addressed to:

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201	FULL NAME OF INVENTOR	Family Name Strand	First Given Name David	Second Given Name
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	POST OFFICE ADDRESS	Post Office Address 16 Nason Hill	City Sherborn	State, Zip Code, Country Massachusetts, 01770, USA
202	FULL NAME OF INVENTOR	Family Name Barrow	First Given Name David	Second Given Name
	RESIDENCE & CITIZENSHIP	City Cardiff	Country of Citizenship Great Britain	
	POST OFFICE ADDRESS	Post Office Address 61 Lake Road West, Roath Park	City Cardiff	State, Zip Code, Country United Kingdom CF23 5PH

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

DATE

SIGNATURE OF INVENTOR 202

DATE

Declaration and Power of Attorney
(005092.00073)